

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF IDAHO (BOISE)**
**PROOF OF CLAIM**
Name of Debtor  
Richard Steven Gordon  
Barbara Lynn Gordon

Case Number  
01-00288

**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Central Dist Health  
Name and Address where notices should be sent:

Central Dist Health  
705 N. Armstrong Pl.  
Boise, ID 83704

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☒ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



01-00288



1562930

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Telephone Number: (208) 327-8512

Account or other number by which creditor identifies debtor:  
G630257145C50000

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_
**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. Date debt was incurred:**  
01/24/2000

**3. If court judgment, date obtained:**
**4. Total Amount of Claim at Time Case Filed:**

\$ 58.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
**5. Secured Claim.**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**

- ☐ Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,300)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- ☐ Up to \$ 1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

2/15/2001

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

FINANCE  
OFFICER  
MARTIE OWENS

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U.S. COURTS  
2001 FEB 21 PM 1:07  
CLERK OF COURT  
IDAHO

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

Cash Drawer Billin  
LISTING : ORDER 1

ICES  
ADA / Central District Health

02/16/2001  
3:11:05 pm

~~~~~ Cash Drawer Billings ~~~~~

| # | Record: 281221  | Client, SvcDate, Program, Serv | #     |
|---|-----------------|--------------------------------|-------|
| # | Client Number   | FullAmt ChrgAmt RemAmt Bill    | #     |
| # | *****           | *****                          | ***** |
| # | GORDON, BARBARA | 42.00 42.00 42.00              | TP +  |
| # | GORDON, BARBARA | 8.00 8.00 8.00                 | TP -  |
| # | GORDON, BARBARA | 8.00 8.00 8.00                 | TP -  |